

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90086 011 \*\*\*\*50.00

**DOCUMENT # L04000068175**

1. Entity Name  
**SILKY NAIL SPA LLC**



Principal Place of Business  
**2500 VILLAGE WALK CIR  
STE 2  
WELLINGTON, FL 33414**

Mailing Address  
**2500 VILLAGE WALK CIR  
STE 2  
WELLINGTON, FL 33414**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-1646822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**RUBINOVICH, LENA  
8024 MONTSERRAT PLACE  
WELLINGTON, FL FL**

## 7. Name and Address of New Registered Agent

Name **Lena Rubinovich**

Street Address (P.O. Box Number is Not Acceptable)

**3134 Ushant Court**

City **wellington**

FL

Zip Code **33414**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **RUBINOVICH, LENA**  
STREET ADDRESS **8024 MONTSERRAT PLACE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **VP** ☐ Delete  
NAME **SHTERNFELD, LUDMILA**  
STREET ADDRESS **8055 LABORIE LANE**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition  
NAME **Rubinovich, Lena**  
STREET ADDRESS **3134 Ushant Court**  
CITY-ST-ZIP **wellington, FL 33414**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Lena Rubinovich Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/25/07**  
Date

**1/25/07**  
Daytime Phone #